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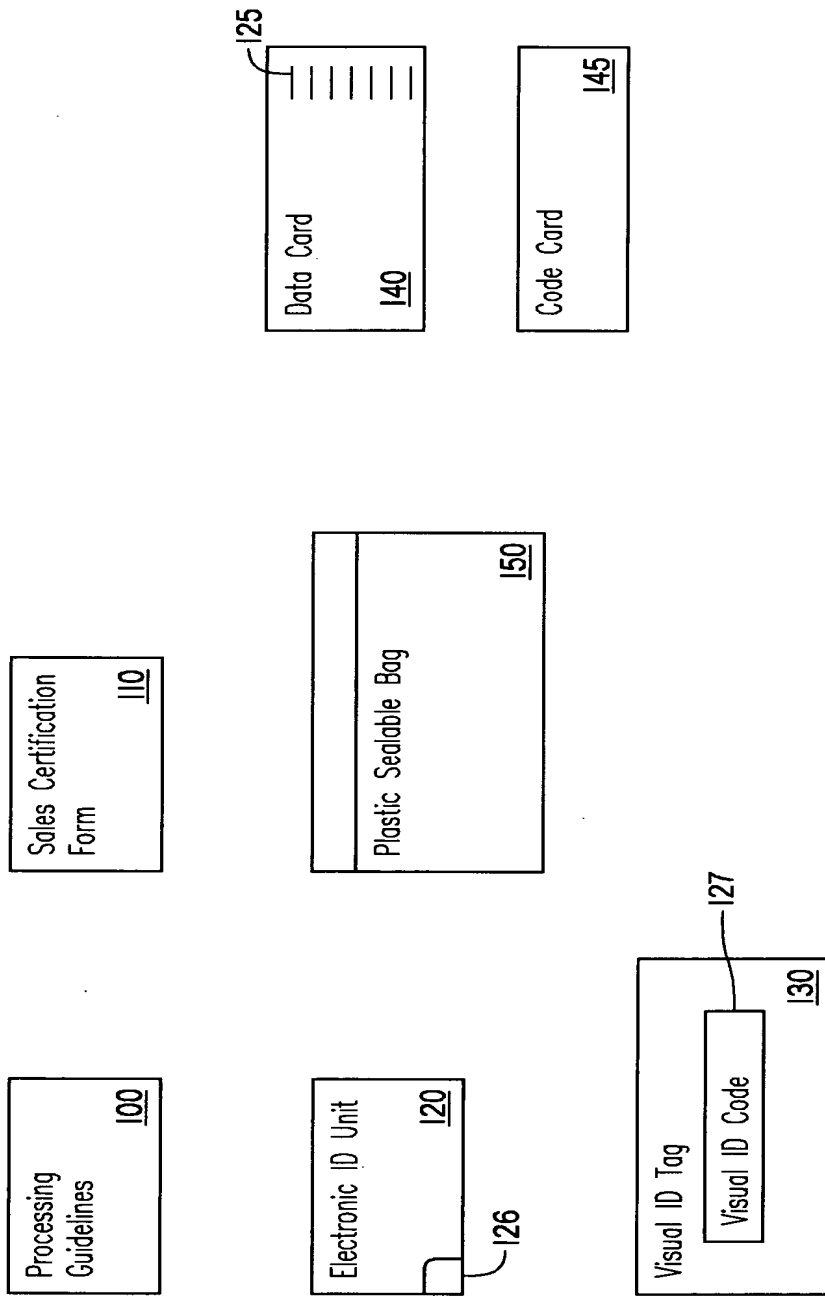


FIG. 1

Premium Stocker and Feeder Sale Guidelines

- I. Weaning Date
 - A. Minimum of 45 days prior to the sale.
- II. Required Vaccinations
 - A. Four Way Virus Vaccine for IBR, BVD, P13, BRSV(MLV)
 1. BRSV Vac 4-Bayer
 2. Pyrimid 4-Fort Dodge
 3. Bovishield 4-Pfizer
 - Administer one of the above at weaning and revaccinate 14-21 days later.
 - B. Pasteurella Vaccine
 1. Once PMH Bayer
 2. Presponse-Ft. Dodge
 3. One Shot-Pfizer
 - Administer one of the above at weaning.
 - C. Clostridial 7 way + Hemophilus Somnus (Blackledge + Somnus)
 1. Vision 7 Somnus-Bayer
 2. Fortress 7 Somnus-Pfizer
 - Administer one of the above at weaning if a Blackledge was given previously at branding. Otherwise, administer two, one at weaning and one 14-21 days later.
 - D. Deworm at weaning.
 1. Ivomec-Merial
 2. Dectomax-Pfizer
 3. Cydectin-Fort Dodge
- III. Recommended Nutrition
 - A. Provide high quality, high energy rations first 3-5 days post-weaning.
 - B. Hand feed on grass, fields or improved pasture, sufficient quantities to maintain growth and health of calf.
 - C. Free choice salt and minerals at all times.
 - D. Adequate and clean water supply.
- IV. Required Health Records
 - A. Must complete, sign and send to Auction the sales certification form regarding name of vaccine, lot or serial number, dates and locations of administration, and also the Producer needs to attach the purchase receipts for the vaccines.
- V. Required Processing
 - A. Knife cut all bull calves prior to weaning.
 - B. Dehorn prior to weaning or dehorn or tip at weaning.
 - C. Administration of vaccine.
 1. Use the neck area for intramuscular injections.
 2. Use subcutaneous injection of labeled on the product.
 3. Follow label directions and handle vaccines properly.
- VI. Electronic Ear tags are required on all cattle.
 - A. The data card must be filled out and returned to Auction.

FIG. 2

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Premium Stocker and Feeder Sale Certification Form

Consignor: _____ 210

Ranch Name: _____ 220

Address: _____ 230

Phone Number: _____ 240 Fax Number: _____ 250

Contact Person: _____ 260

Sire Breed: _____ 270 Dam Breed: _____ 280

Vaccination Background

<u>290</u> Vaccination Type	<u>300</u> Location Administered	<u>310</u> Trade Name	<u>320</u> Lot/Serial/Exp. Date	<u>330</u> Date Administered
<u>340</u> Four Way Virus	<u>365</u>	<u>390</u>	<u>415</u>	<u>440</u>
<u>345</u> Four Way Virus Booster	<u>370</u>	<u>395</u>	<u>420</u>	<u>445</u>
<u>350</u> Pasteurella	<u>375</u>	<u>400</u>	<u>425</u>	<u>450</u>
<u>355</u> Clostridial 7 Way And Hemophilus	<u>380</u>	<u>405</u>	<u>430</u>	<u>455</u>
<u>360</u> Dewormer	<u>385</u>	<u>410</u>	<u>435</u>	<u>460</u>
<u>475</u> Receipts Attached		<u>465</u>		<u>470</u>

Signature

Date

These cattle have been pre-conditioned to the above recommendations to the best of my ability and knowledge, and the above information is true and accurate.

480

485

Signature

Date

FIG. 3

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Data Card		DATE: <u>500</u>		RANCH: <u>510</u>	
GROUP INFO BEING COMBINED WITH BELOW? <input checked="" type="checkbox"/> YES <u>520</u> <input type="checkbox"/> NO <u>530</u>					
VISUAL TAG #: <u>127</u>		SEX: <input checked="" type="checkbox"/> HEIFER <u>540</u> <input type="checkbox"/> COW <u>550</u> <input type="checkbox"/> STEER <u>560</u> <input type="checkbox"/> BULL <u>570</u>			
Check all that apply: BRAND <u>572</u>		METHOD <u>573</u>		DOSE <u>574</u>	
615	<input type="checkbox"/> BRUCELLOSIS	<u>575</u>	<u>588</u>	<u>600</u>	
620	<input type="checkbox"/> CLOSTRIDIAL	<u>576</u>	<u>589</u>	<u>601</u>	
630	<input type="checkbox"/> IBR	<u>577</u>	<u>590</u>	<u>602</u>	
640	<input type="checkbox"/> PI-3	<u>578</u>	<u>591</u>	<u>603</u>	
650	<input type="checkbox"/> BVD	<u>579</u>	<u>592</u>	<u>604</u>	
660	<input type="checkbox"/> BRSV	<u>580</u>	<u>593</u>	<u>605</u>	
670	<input type="checkbox"/> HAEMOPHILUS SOMNUS BACTERIN	<u>581</u>	<u>594</u>	<u>606</u>	
680	<input type="checkbox"/> PASTEURELLA	<u>582</u>	<u>595</u>	<u>607</u>	
690	<input type="checkbox"/> LEPTOSPIROSIS	<u>583</u>	<u>596</u>	<u>608</u>	
700	<input type="checkbox"/> DEWORM	<u>584</u>	<u>597</u>	<u>609</u>	
					APPLY ANIMAL ID BAR CODE HERE
					<u>128</u>

FIG. 4A

(Second side of CattleCode Data Card)

Check all that apply: BRAND 598 DOSE 610

710 ☐ GRUB/LICE 585

720 ☐ OTHER: 599 611

730 ☐ IMPLANT 587

TREATMENTS: 740 ☐ BRAND 760 ☐ CASTRATE 780 790 800 810 820 830 840

☐ DE-HORN 770 ☐ WEAN 850 860 870 880 890

900 910 920 930

BIRTH DATE: 940

COLOR: ☐ BLACK ☐ RED ☐ WHITE 950 960 970

☐ BRINDLE ☐ GREY 980 990

1000 ☐ BLACK WITH WHITE FACE

1010 ☐ RED WITH WHITE FACE

PREG: 1020 1030 1040 1050 1060

1070 1080 1090

BROKEN NEEDLE? ☐ YES ☐ NO IF YES, DESCRIBE (Where on animal, what vaccine/treatment, etc.)

OTHER: 1100

OTHER: 1110

FIG. 4B

← I45

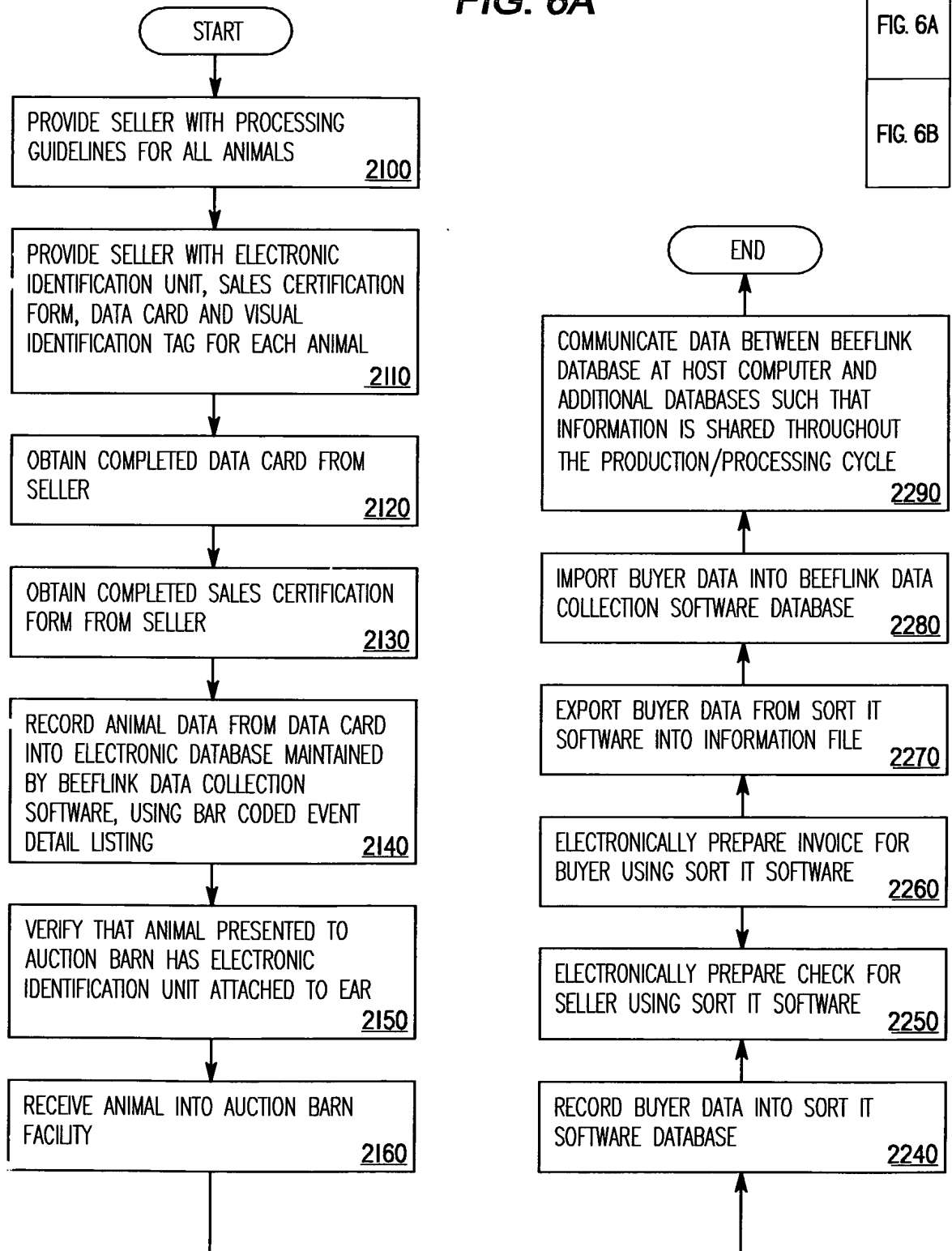
Code Card	
<u>METHOD:</u>	<u>BREED/SIRE/DAM:</u>
IM = Intramuscular	A = Angus
SC = Subcutaneous	BM = Beefmaster
OR = Oral/Drench	BH = Brahman
PO = Pour-On	BA = Brangus
	C = Charolais
	CH = Chianina
	G = Gelbvieh
	H = Hereford
	PH = Polled Hereford
	L = Limousin
	MA = Maine Anjou
	RA = Red Angus
	SA = Salers
	SG = Santa Gertrudis
	S = Simmental
	X = Cross - Specify (i.e. AX Angus Cross)

FIG. 5

FIG. 6A

FIG. 6A

FIG. 6B



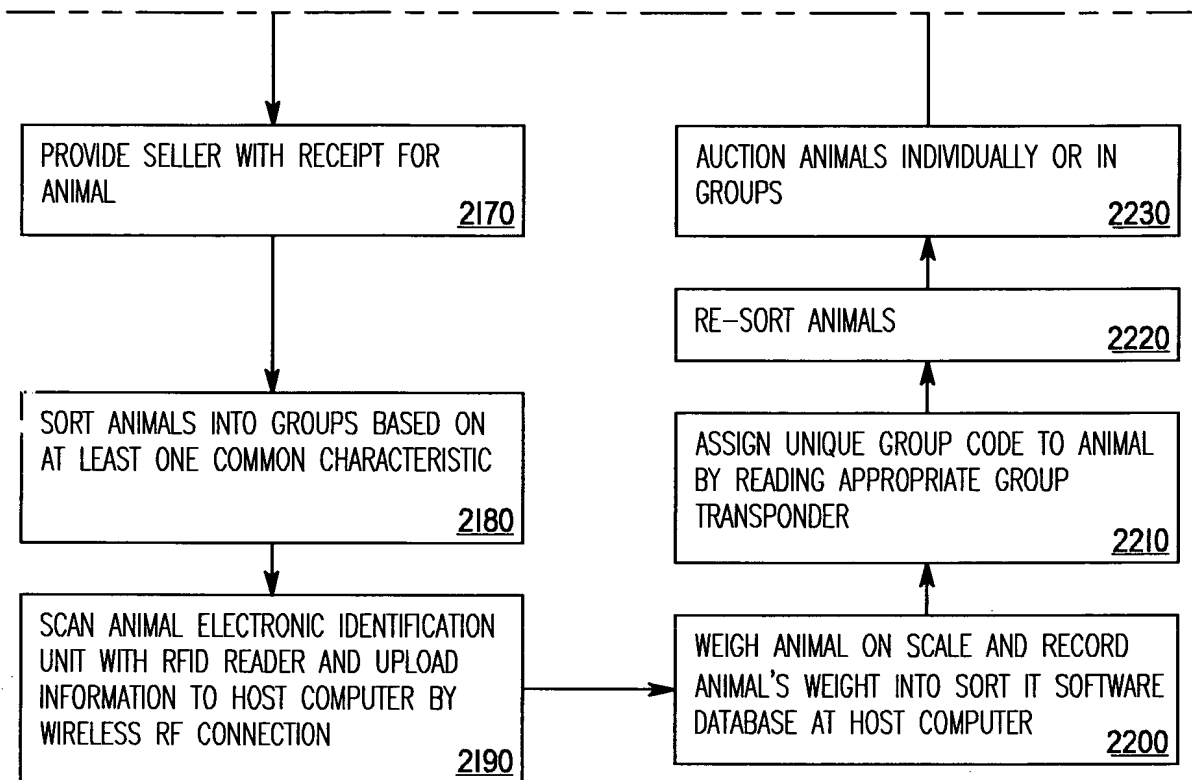


FIG. 6B

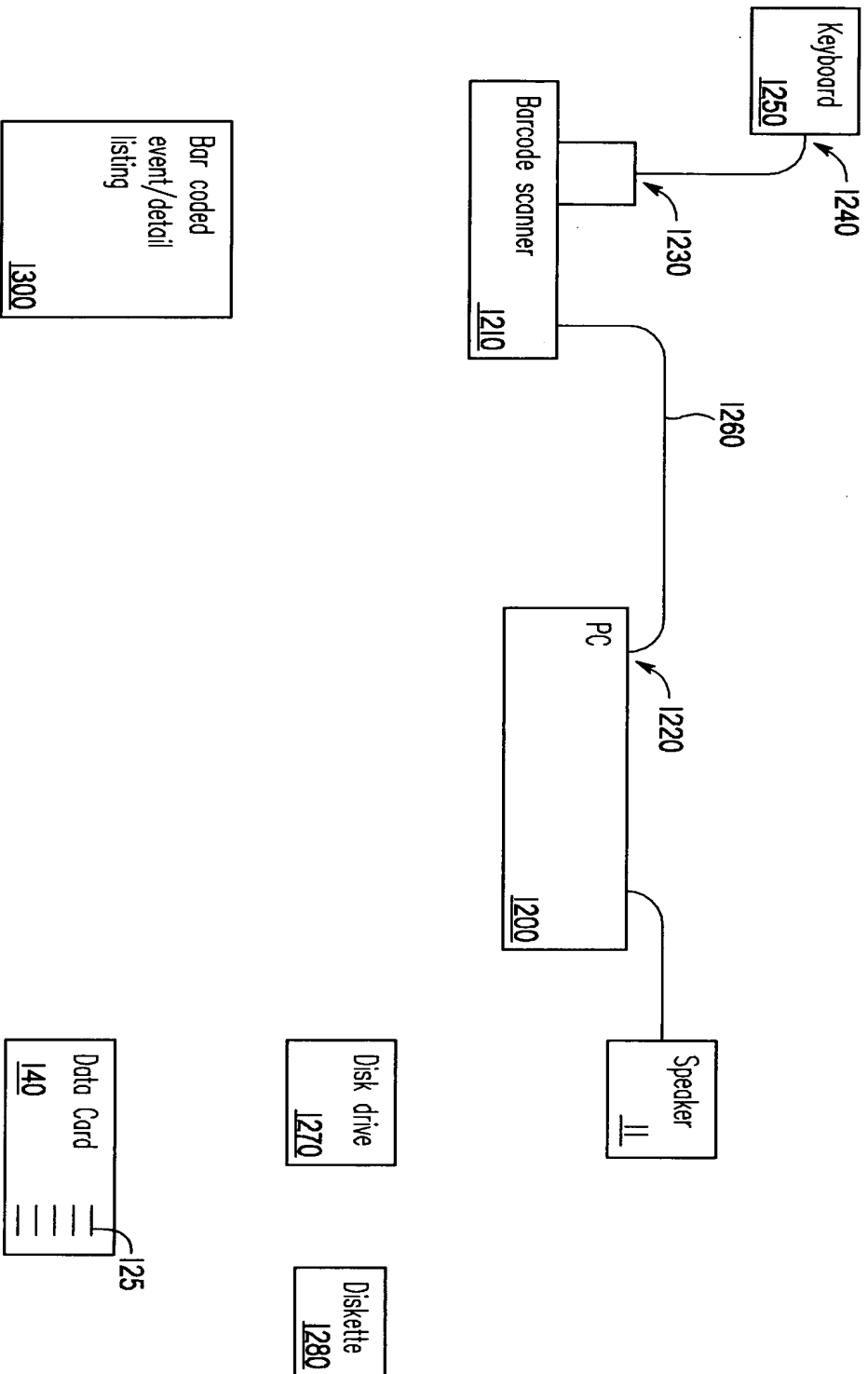


FIG. 7



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